

## FY17 AmeriCorps Grant Review Tool

### Continuation Applications (Competitive)

Program Name: \_\_\_\_\_

With continuations, the original application will auto-populate in the Executive Summary and in the narrative sections. **Applicants do not enter continuation changes in the original narrative fields, but in the Continuation Changes narrative field.**

*If an applicant is not proposing changes to their continuation request, they should leave the original narrative as it is, and indicate that there are no changes in their responses to the Continuation Changes questions.*

1. **Did the applicant identify if the grant is in Year 2 or Year 3 continuation in the section heading?**

☐ Yes ☐ No *If YES, what year?* \_\_\_\_\_

2. **a. Did the program enroll 100% of the member slots in the previous year of program operation?**

☐ Yes ☐ No *If NO, is an explanation and plan of improvement provided?* \_\_\_\_\_

**b. Did the program retain 100% of the members in the previous year of program operation?**

(CNCS recognizes retention rates may vary among equally effective programs depending on the program model but expects all grantees to pursue the highest retention rate possible.)

☐ Yes ☐ No *If NO, is an explanation and plan of improvement provided?* \_\_\_\_\_

3. **a. Was the program 100% compliant with 30-day enrollment requirements?**

☐ Yes ☐ No *If NO, is an explanation and plan of improvement provided?* \_\_\_\_\_

**b. Was the program 100% compliant with 30-day exit requirements?**

☐ Yes ☐ No *If NO, is an explanation and plan of improvement provided?* \_\_\_\_\_

4. **Is the program proposing a change in operating sites or service locations?**

(This includes expansion to new sites. If yes, the applicant should describe these changes and provide a justification for the change. The justification should include the need that will be met at any new sites, the activities of the members, and organizational capacity to support new sites.)

☐ Yes ☐ No *If YES, is an explanation provided?* \_\_\_\_\_

5. **Is the program proposing a change in program design scope or design?**

☐ Yes ☐ No *If YES, is an explanation provided?* \_\_\_\_\_

6. **Is the applicant requesting an expansion (increase in members, increase in funding, and/or an increase in cost per Member Service Year)?**

☐ Yes ☐ No *If NO, please proceed to question 7.*

**If YES (expansion question 6), the applicant must address the following questions:**

- a. What type of expansion is being requested (increase in members, increase in funding, and/or increase in cost per MSY)? \_\_\_\_\_
- b. What is the level of increase being requested? \_\_\_\_\_  
Did the applicant provide a justification for the expansion? ☐ Yes ☐ No  
*The justification should include an explanation of the problem/need that will be met, how or whether member activities will differ from those already included in the approved grant, and a description of the organizational capability to support the expansion, including the organizational staffing and experience to manage the expansion and ensure quality and compliant programming and member experience.*
- c. Did the applicant provide a detailed description of how the expansion would change the application budget and a dollar amount of the total increase? ☐ Yes ☐ No  
*The applicant should include any additional staffing that would be added, changes to member training, criminal history checks, etc.*
- d. Did the applicant provide a detailed description of how the expansion would change the application performance measures? ☐ Yes ☐ No
- e. Did the applicant indicate how the expansion will impact program outcomes and make the program more effective? ☐ Yes ☐ No
- f. Is the applicant proposing other changes not captured above? ☐ Yes ☐ No  
If yes, did the applicant describe the changes and provide a justification for them? ☐ Yes ☐ No

7. Were the program's performance measures met?

**Please refer to the Grant Review Tool Supplement – Performance Measure Report.**

☐ Yes ☐ No If NO, is an explanation and plan of improvement provided? \_\_\_\_\_

8. **Did the applicant provide any additional relevant information, changes and/or proposals?**

☐ Yes ☐ No If YES, please explain.

9. **OVERALL GRANT APPLICATION Comments/Clarifications Needed/Recommendations?**

10. **Do you recommend this application be sent forward to the Corporation for National and Community Service national grant competition for continued funding?**

☐ Yes ☐ No If NO, please provide an explanation?

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewer Printed Name:** \_\_\_\_\_